

AUDIOMETRIC QUESTIONNAIRE

2. LOCATION CODE	3. SOCIAL SECURITY NUMBER	4. NAME	LAST	FIRST	MIDDLE INITIAL
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25. INITIAL AND UPDATE OTOLOGIC HISTORY DATE	DATE		INITIAL OTOLOGIC HISTORY (CONTINUED)
HAVE YOU EVER HAD: 1. NOISES IN EARS? 2. DIZZINESS? 3. PAIN IN EARS? 4. FULLNESS IN EARS? 5. FLUCTUATING HEARING LOSS? 6. SUDDEN OR RAPID HEARING LOSS? 7. EAR INFECTIONS? 8. TO BE EXAMINED BY AN EAR SPECIALIST? 9. EAR SURGERY? 10. A HEAD INJURY OR UNCONSCIOUSNESS? 11. MYCINS, QUININ OR EXCESSIVE ASPIRIN? 12. ANY NOISY HOBBIES? 13. DID YOU EVER HUNT OR SHOOT? 14. DO YOU PRESENTLY HAVE ANOTHER NOISY JOB?	YES S	TEST NO.	15. IS THERE A FAMILY HISTORY OF HEARING LOSS? 16. DO YOU HAVE DIFFICULTY HEARING? 17. HAVE YOU EVER HAD A HEARING AID EVALUATION? 18. DO YOU CURRENTLY WEAR A HEARING AID? <div style="display: flex; justify-content: space-between; width: 100%;"> EAR R L </div> 19. HAVE YOU EVER HAD A NOISY JOB? 20. HAVE YOU EVER HAD 1. MEASLES 2. MUMPS 3. CHICKEN POX 4. SCARLET FEVER 5. DIPHTHERIA? IF YES, INDICATE NUMBER _____
26. UPDATE OTOSCOPIC OBSERVATION A. ARE EAR CANALS OBSTRUCTED? B. IS ABNORMAL DRUM PRESENT? C. ARE PERFORATIONS PRESENT? D. IS OTHER PRESENT?			21. HAVE YOU EVER HAD HEARING TESTED BEFORE? WHEN _____ WHERE _____ 22. YEARS IN MILITARY SERVICE _____ BRANCH: _____ JOB: _____ 23. Have you use solvents? _____
27. OTOLOGIC AND OTOSCOPIC COMMENTS			

TEST NO.	QUES NO.		TEST NO.	QUES NO.	